

Chapter IV – Intake Form

General Guidelines

The Intake Form includes client demographic information and client survey questions. The information collected on Intake Forms will be used to determine whether individuals are eligible as displaced homemakers, or in situations similar to eligible displaced homemakers' situations. All information is collected through self-disclosure and reporting by the client, and verified by the clients' signature at the bottom of the form.

Included in this chapter are instructions for completing Intake Forms and abbreviated questions raised by DHP Contractors, followed by HECB staff answers. Please note the following:

- Intake Forms are two sided on salmon colored paper.
- An Intake Form must be completed for every client who participates in a HECB funded class.
- Submit Intake Forms to the HECB for all participants who enroll and attend at least one class. Do not submit Intake Forms for clients who did not attend at least one class.
- The number of forms submitted to the HECB should be the same as the number of individuals reported as “enrolled” on the quarterly report.
- Upon request, Intake Forms are available in Spanish.

Instructions for Completing the Intake Form

The following instructions should be used to verify that displaced homemakers have completed the Intake Form correctly. In addition, these instructions should be referenced when guiding displaced homemakers through the intake process, and determining eligibility. All information on the Intake Form is collected through self-disclosure and reporting by the client, and verified by the client's signature at the bottom of the form.

HEADING	Definition/Description
Class Start Date	The date reflecting the first day of IS class.
DHP Quarter	The DHP quarter the client enrolled in IS (i.e. July 15, 2003 is in quarter 1).
Client #	The client's unique identifying number.
Social Security Number	The Social Security Number of the client. This is a required element and will be used for research purposes only.

II. GENERAL INFORMATION

Gender	The client should check the appropriate box.
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Birth Date	The birth date of the client (used to calculate age.) If the client only discloses the year, make the date 01-01 of that year.
Highest Level Of Education	<p>The client should check the appropriate box. (Do not include the enrollment in the Displaced Homemaker Program as “Some Post High School.”)</p> <ul style="list-style-type: none"> – Less than 9th grade – K-8 – Some High School – 9th grade plus but no diploma or GED – GED – Received GED – High School Diploma – Received High School Diploma – Some Post High School – Attended post secondary institution, but received no degree or certificate – Certificate –A document issued to a person completing a course of study not leading to a degree. A document certifying that a person may officially practice in certain professions. – Associate’s Degree – Self explanatory – Bachelor’s Degree – Self explanatory – Master’s Degree – Self explanatory – Doctoral Degree – Self explanatory – Other – If none of the above applies, write the highest level of education in the space provided.
County Of Residence	The county the client resides in at time of intake.
Hispanic Origin	The client checks the appropriate box. This question should be considered separately from the race question.
Race	The client checks the appropriate box. This question should be considered separately from the Hispanic question.
Marital Status	The correct marital status of the client at the time of intake – (<i>not considered in determining eligibility.</i>)
Separated	Clients disclose that they are separated from their spouse. Does not necessarily have to be a legal separation.
Divorced	Clients disclose that they are legally divorced from their spouse.
Widowed	Clients disclose that they are a widow/widower.
Married	Clients disclose that they are legally married.
Never Married	Clients disclose that they have never been married.

Reliable Transportation	Reliable transportation means a client having the ability to get to class or a job without depending on others. (i.e. riding the bus, riding a bike, walking, or access to a working car and money for gas.)
Homeless	Clients disclose that they are homeless.
How Did You Hear	How did you hear refers to the source (agency, person, advertisement) that lead the client to the DHP.

II. DHP SERVICES

DHP Services	Clients check all the services they hope to receive as a participant in the Displaced Homemaker Program.
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III. FINANCIAL INFORMATION - The amount of money received by the displaced homemaker only. This does NOT include money received by another family member.

Net Income	Clients disclose the net (take home pay) income they receive from all jobs where an employer employs them.
Self Employment	Clients disclose the net income they receive from self-employment.
TANF	The monthly grant (Temporary Assistance for Needy Families) received through the Washington State welfare system. This financial assistance does not include food stamps.
Food Stamps	The monthly value of food stamps received.
Child Support	Child support received as part of a legal action, divorce or separation, or determined through the Washington State Child Support Registry.
Spousal Support/Alimony	Support received as part of a legal action, divorce or separation. This does not include child support.
Social Security/Pension	Retirement income, or social security benefits earned due to reaching age 65, or social security survivor benefits.
Disability Benefit	State or Federal disability payment through SSI or the Military.
Unemployment Benefits	Unemployment benefits from a previous job.
GAU	The monthly grant received through the Washington GAU (General Assistance Unemployable) program.
Other	Other financial assistance means non-ordered spousal support payments or sporadic financial assistance/income from other sources.

IV. EMPLOYMENT INFORMATION – for current employment only

Employment Status	Clients should check one box that best describes whether they are currently employed, self employed, etc. This should match the income information reported in Section III.
Hours Per Week	The average number of hours the client currently works each week for an employer. Hours worked should reflect the combined hours worked for all employers. Self-employment hours should be recorded separately.
Primary Job Status	<p>The client should identify the one job that is primary, and select the employment category that best describes their status.</p> <ul style="list-style-type: none">– Permanent is a job that is on going with no anticipated end-date.– Temporary is a job that has a specific end-date, with no assurance of continued employment.– Seasonal is a job that lasts through a particular season (i.e. Christmas, Harvest, etc.)
Benefits	Clients disclose that because of their employment, they receive some type of benefit (i.e. retirement, dental insurance, etc.)
Type Of Work	Clients disclose the type of work they perform at their primary job only. Type of work is specific to the industry and the job performed.

V. ELIGIBILITY INFORMATION

Years As A Homemaker	<p>Clients disclose the number of years they have been a homemaker. Ten years or more is the eligibility cutoff.</p> <ul style="list-style-type: none">– Years as a homemaker do not have to be consecutive– Being a homemaker means that their primary job was to care for the family– The individual must not have been gainfully employed during the time counted as a homemaker
Family Size	<p>Family size should be calculated by answering the questions below:</p> <ul style="list-style-type: none">– How many children under age 18 (or still in high school), and related to you or your spouse or partner by birth, marriage, or adoption are <u>dependent on you</u> and living in your home?– How many disabled or elderly individuals related to you or your spouse or partner, by birth marriage, or adoption are <u>dependent on you</u> and living in your home– Does your spouse, who is no longer able to support your family, live in your home?– Does your partner, who is no longer able to support your family, live in your home?– Does your spouse/partner, who supports you, live in your home? (This will most likely result in a client being ineligible, but the spouse/partner should still be counted in the family size.)

Other persons living in the home, who do not fall into these categories, are not to be included in family size. The number of family members in each category should be added together to calculate family size. Within the definition of family size, DHP administrators should use professional judgment for individual client situations.

Source of Support	By checking one or more boxes in this section, clients identify their current status in terms of being in transition.
Loss of Family Support	Clients should check this box if they are in transition and/or displaced because they were supported by a family member (as defined above) and have lost that support. In the space provided describe why the support was lost (i.e. spouse/partner disabled, death of spouse, divorce, spouse laid-off, etc.)
Dependent on Federal Assistance	Clients should check this box if they are in transition and/or displaced because they were on federal assistance, and have lost that assistance (i.e. lost benefits through SSI, etc.)
Youngest Child 16 – 18	Clients should check this box if they are receiving child support or public assistance, for a child who is 16–18 years of age.
Currently Supported	Clients should check this box if they have not lost the income of a family member. Anyone who checks this box does not meet the displaced homemaker eligibility criteria. However, they may participate in IS if they are in circumstances similar to eligible displaced homemakers' circumstances, and if space is available.
Client Intake Survey	The Client Intake Survey is used as a pre- and post-test to monitor what each client learned during Instructional Services.
Date Form Completed	The date the form is completed.
Client #	The client's unique number assigned at time of intake. This should be the same number as recorded on the Intake Form.
Competency Statements	Clients should check the appropriate box, indicating whether they <u>know</u> "Nothing," "A Little," or "A Lot" about each statement.
Signatures	IS participants sign the Exit Form to verify that all information disclosed on the form is true and accurate, and the IS instructor or staff member signs and dates the Exit Form to verify the form has been reviewed and is complete.

ELIGIBILITY DETERMINATION

Evaluate the completed form and follow the eligibility steps listed below to determine clients' eligibility status.

Eligibility Step 1 – Number of Years as a Homemaker

The number of years as a homemaker will partially determine eligibility. If a client has been a homemaker **for ten years or more, they may be eligible.** **The following steps must be considered before determining eligibility.**

If a client has been a homemaker for **less than 10 years they are not eligible.** The entire form must still be completed, but no further determination of eligibility need take place. They may participate if they are in circumstances similar to eligible displaced homemakers' circumstances, and if space is available.

Eligibility Step 2 – Determining Gainful Employment

1. Calculate the family size according to the instructions on the form
2. Consider the monthly salary for clients who are employed
3. Compare the client's monthly salary to the Washington State Need Standard, based on family size. (*Family size should be substituted for assistance unit as shown on the Washington state need standard chart.*)

If a client's monthly salary is below the cutoff limit for her or his family size (as outlined in the Washington state need standard chart), **she or he may be eligible. Final determination of eligibility will occur in Step 3.**

If a client's monthly salary is at or above the cutoff limit for her or his family size (as outlined in the Washington state need standard chart), **she or he is ineligible, and may participate if in similar circumstances as eligible displaced homemakers, and if space is available.**

Step 3– Eligibility Determination

The following must be true for a client to be eligible:

Step 1 = 10 Years Or More

Step 2 = Not Gainfully Employed

AND

The Client Checked at Least One of the Following Boxes:

- I Was Supported By The Income Of A Family Member And I Am No Longer Supported By That Income.
- I Was Dependent On Federal Assistance And I Have Lost That Assistance.
- I Am Receiving Public Assistance Or Child Support And My Youngest Child Is Between 16 And 18 Years Of Age.

If all of the above are true, the client is eligible. If all of the above are not true, the client is considered **ineligible and may participate if they are in circumstances similar to eligible displaced homemakers' circumstances and space is available.** Staff should check the appropriate box for eligible or ineligible clients.

Intake Form Q & A
Abbreviated Questions Raised by DHP Contractors,
Followed by HECB Staff Answers

I. Formatting

Question

Can you please use a bigger font? The font size you have selected is difficult to read.

Yes – we can make the entire form in 11 font to ensure better readability.

Question

Would you please add a space at the top of the first page for displaced homemakers to print their names?

A space has been provided on the last page of the Intake Form, for the participant and staff member to print their names.

II. General Information

Question

What about situations where displaced homemakers are in domestic violence protection programs and are reluctant to give us their social security numbers?

Contractors will be required to encourage displaced homemakers to disclose their social security numbers for purpose of research and follow up. If individuals will not disclose their social security numbers, or if they do not have one, the contractor is to leave the social security number space blank on the form. The frequency of social security numbers missing from Intake Forms may be considered a compliance issue.

Question

Does the “DHP Quarter” reference refer to the date the displaced homemaker begins class?

It is the Quarter associated with the date of Intake. Please refer to the instructions included in the original email for an example.

Question

In the General Information section, why have married and spouse disabled been dropped?

These categories are specifically captured in other sections of the Intake Form.

Question

Why is “Hispanic” listed as an origin separate from race? Also, “Race” sounds negative. Can a different term be used?

Hispanic is not a race.

We have stated the race/questions in accordance with federal guidelines.

III. Financial Information

Question

Should the Financial Information section be referred to as "Other Household Income" since the employment information is collected in the first section? Are we required to record the value of food stamps received?

Income generally refers to money earned through employment. It is important when determining gainful employment to separate earned income from other financial assistance received. Yes, the value of food stamps received should be recorded.

Question

We have displaced homemakers who are widowed and receiving Social Security Survivor benefits. This income is based on their husband's social security, not their own. Would these benefits be categorized into the "other" category?

This benefit is the displaced homemakers, as a survivor. This would fall in the SSI category.

Question

We have displaced homemakers who are separated and have no legal maintenance/alimony agreements, but are sporadically receiving money from their spouses, until the divorce becomes final. Does this go into the "other" category?

Yes, as with other financial assistance that is not consistent.

Question

On the GAU line, what's the reasoning to restate GAU as "General Assistance – unemployable?" While it may be true, I'm concerned about the message sent to the client.

Because clients know if they are receiving GAU the full title has been removed from the form.

IV. Eligibility Information

Question

In the Eligibility Information section, [type of transition] why do you ask clients to check only one box? Many/most clients are able to check at least two boxes and if on TANF, three. I understand that they only need to check one box to be eligible, but I think the information is valuable and we should let them check all the boxes that apply.

This section has been changed to say, "check all that apply."

Question

According to the form, if a woman lives with her boyfriend/girlfriend, and that person's child, they are a family of three. In addition, if a person lives with their partner or spouse in the basement of the elderly mother's home, that would also be a family of three. Is this correct?

In the first example, if the displaced homemaker was dependent on the partner, and his child lived in the home, they would be considered a family of three. In the second example, because the elderly mother owns her own home and appears not to be dependent on the displaced or her

partner, the elderly mother is not included in the family. The form has been adjusted to reflect this.

Question

To calculate the family size, couldn't you reduce that to 3 statements?

- a) How many children under the age 18, disabled, or elderly individuals related to you or your spouse/partner, by birth, marriage, or adoption are living with you,
- b) Does your spouse/partner who is no longer able to support your family, live in your home,
- c) Count yourself

Yes, your observation is correct. However we ask about children and elderly/disabled separately so we can collect demographic data. Also, the needs of someone with children are different than someone who is caring for a disabled adult. This information may be important to the instructor.

Question

Are children 18 years of age included in calculating family size?

Children under age 18, or still in high school, are included in calculating family size.

Question

I understand the intent to first establish eligibility before collecting the general information and to address ambiguities that arise. I'm concerned that the form has become more clinical and less user-friendly. The impression given is that the intent of the process is to exclude rather than include as many people as possible. I also feel that students will be less able to complete this form on their own.

By moving general information and DHP services to the front of the form, we have made it user-friendly.

Question

It is my experience that the most difficult question for clients to answer is the number of years they have been a "homemaker". I think that a series of questions related to the number of years dependent upon another source of funds at home versus the years worked full or part-time is still critical for the client to understand that aspect of the criteria. I'd still like to see this type of questioning included in the form.

You are correct. Arriving at the correct number of years as a homemaker is difficult. Most contractors report that they help clients make this determination through conversation or by using local forms.

Question

Does a spouse's temporary loss of income due to a lay-off carry as much weight as the more traditional reasons for loss of support?

We don't prioritize loss of income.

Question

In the third box in the eligibility section, if a child in high school over 18 still resides in the home can they be included in the family size?

Family size on the form has been changed to include children who may be 18 years or older, but still in high school.

Question

On the Intake survey what does it mean, "Accessing my personal legal documents"? For example, are you asking if they know how to access their divorce papers? Please clarify.

Yes, we mean knowing how to get a copy of legal documents such as birth certificates, divorce papers, living wills, etc.